**Department of Surgery**

Brody School of Medicine

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**Insurance Benefits Verification Form**

This form is to help you determine whether or not your insurance policy has benefits for weight loss surgery. Understanding your benefits for weight loss surgery is an important part of the process. Many insurance companies have specific requirements that must be met before surgery is approved.

Disclaimer:

* ECU Physicians Department of Surgery is not responsible for incorrect information that the insurance company provides to you.
* Completion of this form does not guarantee payment for services that may be rendered to you.
* Completion of this form also does not mean that you are approved for weight loss surgery. A surgical pre-approval can only be obtained once all pre-operative evaluations have been completed and the necessary documentation is sent to your insurance company for determination.

**Instructions for Medicaid patients:**

1. You must be referred to our office from your primary care provider before having your first visit in our clinic.
2. You must contact your primary care provider’s office and have them fax our clinic your past 6 months of office notes.
3. You must see a medical provider for 3 consecutive months without skipping a month for a medically supervised diet and excise program. This can be done with your primary care provider, at our office with LeAnn Barnett, PA-C, or with a registered dietician. This must be completed in the 6 months prior to your weight loss surgery.
4. You have 6 months to complete all preoperative evaluations (including the 3 month diet and exercise program) and have it submitted to Medicaid. If you are 1 day past the 6 month timeframe, you will have to repeat the entire process over again, including the initial visit.
5. You must see a Vidant Wellness Center dietician at least once prior to your surgery. More than one visit may be required for the dietician to clear you for surgery. ***Nutrition is not a covered benefit from your insurance company. Your first visit will be $70 and all follow up appointments will be $35. Payment is expected at each visit and not having it will result in your appointment being rescheduled.***

**Instructions for Medicare patients:**

1. You will require a referral from your primary care provider.
2. You must have a diagnosis of morbid obesity along with at least one obesity related health problem.
3. A letter of medical necessity will be required from your primary care provider.

**Instructions for ALL other types of health insurance including supplemental insurance**

1. You are required to call you insurance company to discuss your coverage prior to your initial consult appointment.
2. Please have your insurance card available before you call.
3. Please ask the questions for representative on the next page and write the answer.

**Questions for Insurance Representative:**

1. Do I have benefits to cover weight loss surgery for morbid obesity if medically necessary? Yes \_\_\_ No \_\_\_

If yes, continue with form. If no, please skip to #8, and see explanation at bottom of page\*\*

1. Do I have a requirement to complete a medically supervised weight management program? Yes \_\_\_ No \_\_\_

If yes, please ask these follow up questions:

How long does my required program have to be in months? \_\_\_\_\_\_\_\_\_\_\_\_

Can I see my primary care provider for my required program? Yes \_\_\_ No \_\_\_

Can I see the PA at my bariatric surgeon’s office for my required program? Yes \_\_\_ No \_\_\_

Can I see a registered dietician for my required program? Yes \_\_\_ No \_\_\_

1. Do my benefits cover dietician visits? Yes \_\_\_ No \_\_\_
2. Is ECU Physicians on 517 Moye Blvd in Greenville, NC in network? Yes \_\_\_ No \_\_\_
3. Is Vidant Medical Center (2100 Stantonsburg Rd) in network? Yes \_\_\_ No \_\_\_
4. Do I have a pre-existing clause? Yes \_\_\_ No \_\_\_

If yes, what is the end date of the pre-existing clause? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is a referral required to see a bariatric surgeon? Yes \_\_\_ No \_\_\_

If yes, does referral have to come from my primary care provider? Yes \_\_\_ No \_\_\_

1. Name of the insurance representative who helped to answer these questions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date you spoke to the insurance representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If asked about diagnosis codes or CPT codes, please refer to the following information:

|  |  |  |
| --- | --- | --- |
| Diagnosis code: | Morbid Obesity - E66.01 | |
| CPT code: | Laparoscopic gastric bypass - 43644 | Laparoscopic sleeve gastrectomy - 43775 |
|  | Open gastric bypass - 43846 | Open sleeve gastrectomy - 43843 |

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| By signing below, I certify the following:   * I have read and understand the instructions that were provided to me. * I have read and understand the disclaimer which includes that completion of this form does not mean I am approved for weight loss surgery. * I have spoken to my insurance company and answered the above questions to the best of my abilities. |
| Patient Signature: Date: |

\*\*An exclusion occurs when the policy purchased does not come with weight loss surgery benefits. If the insurance company representative told you that you have a contract exclusion in your policy, this means that surgery will not be paid for even if medically necessary. The insurance company is not saying you don’t need weight loss surgery, they are simply saying that it is not covered in your contract and they will not pay for it.